

The MT Laboratory Sentinel

Updates from the MT Laboratory Services Bureau
10/02/09 <http://healthlab.hhs.mt.gov/>

Influenza Testing and Surveillance Guidelines for the 2009-2010 Season

The Montana Department of Public Health and Human Services has released updated guidelines for influenza testing and surveillance. The documents are available on the Montana Laboratory Services Bureau Website at <http://www.dphhs.mt.gov/PHSD/Lab/environ-lab-index.shtml>

OCTOBER 1, 2009

The **Montana Clean Indoor Air Act** is a state law to protect all Montanans from the hazards of secondhand tobacco smoke in all enclosed places open to the public. The law also requires publicly funded schools to be maintained as *tobacco-free* facilities and grounds at all times, which protects students, employees, and the public from the preventable health problems caused by breathing second hand tobacco smoke.

Secondhand tobacco smoke is toxic and causes cancer and heart disease. Each year, an estimated 200 non-smoking Montanans die from breathing someone else's tobacco smoke in the workplace or at home. Secondhand tobacco smoke is associated with between 8,000 - 26,000 new cases of asthma in children each year and an estimated 150,000 - 300,000 new cases of bronchitis or pneumonia in children under the age of 18 months.

The full language of the law may be seen or downloaded at:
<http://data.opi.state.mt.us/bills/2005/BillPdf/HB0643.pdf>

The administrative rules are at:
<http://tobaccofree.mt.gov/cleanairact/finalciarules.pdf>



Exposure to Secondhand Smoke: Montana Youth are at Risk

Exposure to secondhand smoke (SHS) causes disease and premature death among nonsmoking adults and children. Children are particularly vulnerable to tobacco smoke because their lungs continue to develop throughout childhood. According to the 2006 Surgeon General's report on involuntary exposure to tobacco smoke, children exposed to SHS are at an increased risk for Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. In addition, smoking by parents causes respiratory symptoms (cough, phlegm, wheeze, and breathlessness) and slows lung growth for children. Finally, exposure to smoking and SHS may increase the likelihood of a child later becoming a smoker.



For more information about the Montana Tobacco Use Prevention Program, contact Laura L. Biazzo, MPH, Epidemiologist/ Program Evaluator at (406) 444-0064 or lbiazzo@mt.gov or visit <http://tobaccofree.mt.gov>

The above article is from the e-newsletter: *Montana Public Health Prevention Opportunities Under The Big Sky*. Follow this link to http://www.dphhs.mt.gov/PHSD/prevention_opps/MT-PH-prevent-opps-newsletters.shtml for this and other public health related articles:

- My Public Health Montana
- Public Health Statute Modernization Project
- Major Prevention Opportunities to Improve Health in Montana 2006
- Lead Poisoning Prevention Program
- Montana Public Health - Prevention Opportunities Under The Big Sky
- State Plan - WIC
- Influenza: Don't Let It Catch You
- State Planning Grant for the Uninsured
- 2002-2004 Emergency Preparedness Progress Report - Executive Summary
- Montana Methamphetamine Clean Up Program
- Public Health Prepared: Montana's Statewide Public Health Emergency Preparedness Report Card
- Public Health System Improvement Task Force
- Reports & Articles

MT Communicable Disease Update as of 09/25/09

This newsletter is produced by the Montana Communicable Disease Epidemiology Program.

Questions regarding its content should be directed to 406.444.0273 (24/7/365).

<http://cdepi.hhs.mt.gov>

DISEASE INFORMATION

Summary – Week 37 – Ending 9/19/09 – Disease reports received at DPHHS during the reporting period September 13-19, 2009 included the following:

- Vaccine Preventable Diseases: Varicella (2), Pertussis (6); Hepatitis A (1)
- Enteric Diseases: *Campylobacter* (3), Cryptosporidia (1), *E.coli* O157:H7 (1); Giardia (1); *Salmonella* (4)
- Other Conditions: Aseptic meningitis (1)
- Travel Related Conditions: None

NOTE: The spreadsheets have multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

THE “BUZZ”

NEW! Pertussis – The sudden appearance of multiple cases of pertussis over the last 3 weeks is of concern. Cases have been diagnosed in Yellowstone, Lewis & Clark, Gallatin, Big Horn/Crow and Musselshell Counties. Of concern is that several of these cases were in children under the age of 1. **Please remind providers that anyone with a cough of >14 days duration, an inspiratory whoop and/or post-cough vomiting or breathlessness should be tested for pertussis.** Testing should only be performed on symptomatic persons, not exposures. Ensure appropriate treatment of cases and prophylaxis for close contacts. Ensure that school aged children are up-to-date on their vaccinations (including Tdap for those 11 – 18) and that adults 19 – 64 are receiving the Tdap vaccine for tetanus boosters, as appropriate. (<http://www.cdc.gov/mmwr/PDF/rr/rr5517.pdf>)

Use the CDC Guidelines for the Control of Pertussis Outbreaks for case investigation and follow-up. (<http://www.cdc.gov/vaccines/pubs/pertussis-guide/guide.htm>)

Influenza

During week 37 (9/13-19, 2009), influenza activity increased in the US; 99% of all subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses. The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. Updated information can be found at <http://www.cdc.gov/flu/weekly/>.

- In Montana, activity continues at regional levels and 100% of all subtyped influenza A viruses were 2009 influenza A (H1N1). Influenza-like activity from 11 sentinel providers increased during the period 9/13 – 9/19/09. Anyone who is sick with flu-like illness should stay home for at least 24 hours after fever is gone except to get medical care or for other necessities. (Fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

West Nile Virus Surveillance – There have been four human cases of WNV disease in Montana in 2009 to date – Sanders (2), Lake and Garfield Counties. For more information on WNV activity in the nation and to learn how to prevent WNV: <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>.

NEW! New Hepatitis A Vaccination Recommendations – The ACIP now recommends routine hepatitis A vaccination for household members and other close personal contacts (e.g., regular babysitters) of adopted children newly arriving from countries with high or intermediate hepatitis A endemicity. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a4.htm?s_cid=mm5836a4_e

Influenza College/University Campuses – The American College Health Association is conducting ILI surveillance on a sample of colleges and universities around the country. This includes two universities in Montana. The information is updated weekly. http://www.acha.org/ILI_LatestWeek.cfm#chart_state

IMPORTANT! Rabies – We are pleased to announce that effective immediately, IMOVAX® Rabies, Rabies Vaccine is available for both pre-exposure use and post-exposure prophylaxis. As a result, **it is no longer necessary to obtain a pass code prior to ordering IMOVAX Rabies vaccine.** IMOVAX can now be ordered with no limits for both pre- and post-exposure prophylaxis. Sanofi Pasteur is now in the process of sending out information about this change to all of their customers this week. Please ask providers to continue to report potential rabies exposures to the local health department. Rabies exposure assessment algorithm: <http://www.dphhs.mt.gov/PHSD/epidemiology/documents/RABIESASSESSMENTDPHHS.pdf>.